



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL & HEALTH CARE CENTER (JASPER)

City of Hospital: JASPER

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Christina Knies

Email Address: cknies@mhhcc.org

Medicare Provider Number: 15-0115

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$124966332
Outpatient Patient Service Revenue	\$374689095
Total Gross Patient Service Revenue	\$499655427

2. Deductions From Revenue

Contractual Allowance	\$277148851
Other Deductions	\$2610334
Total Deductions	\$279759185

3. Total Operating Revenue

Net Patient Service Revenue	\$219896242
Other Operating Revenue	\$4970457
Total Operating Revenue	\$224866699

4. Operating Expenses

Salaries and Wages	\$97738678	Employee Benefits	\$19272833
Depreciation and Amortization	\$13655335	Interest Expense	\$2553471
Bad Debt	\$10168835	Other Expenses	\$80240068
Total Operating Expenses	\$223629220		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1237479	Total Assets	\$248068049
Net Non-operating Gains over Loss	\$3551366	Total Liabilities	\$72044229

Total Net Gains	\$4788845
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$227131103	\$164629989	\$62501114
Medicaid	\$56493564	\$38338534	\$18155030
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$216030760	\$74180328	\$141850432
Total	\$499655427	\$277148851	\$222506576

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1916520	\$1338521	\$577999

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$711402	\$517329	\$194073

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	265062
Number of Citizens Exposed to Health Education Messages	72500

Statement Six: Charity Statement

Hospital Charity Charges	\$2611028
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$807218	
HCI Payments	\$0		
Subtotal	\$0	\$807218	\$-807218
Medicaid Shortfalls	\$1993362	\$2385163	
Subtotal	\$1993362	\$3192381	\$-1199019
DSH Payments	\$0		
Subtotal	\$1993362	\$3192381	\$-1199019
Medicare Shortfalls	\$38406613	\$49160362	
Other Government Programs	\$0	\$0	
Total	\$40399975	\$52352743	\$-11952768

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4072080	\$4700493	\$-628413
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$168877	\$-168877
Other Allocations	\$0	\$0	\$0

Comments

//